#### 2006 Homeowner Self Help Exterior Paint Program Application and Agreement Form

Applicant name:	
Home address:	Troy, New York
Telephone: Home #	Work # Cell:
Number of residential housing units in y	ou home:
Description of proposed painting project	t:
I have received and read a copy of the agree to comply with all requirements co	City of Troy Homeowner Self Help Paint Program Guidelines and ontained therein.
	proposed description of the painting project, by the City of Troy, thin the painting season ending September 25. I further release the pay arise because of this project.
	ant of the property described above, that school and local property all information in this application and in the attached income best of my knowledge.
Signature(s):	Date:
	Date:
Income Documentation	
If your household income exceeds 80% (See chart on next page.)	of the area median income you are not eligible for this program
Attach most recent Federal Income Tax Services payments being received by me	x Form 1040 and written verification of Social Security or Social Secu
Income Tax Filing Waiver (If you do no	t file a tax return, complete the following waiver):
I because my income was below the limit	have not filed a Federal Income Tax 1040 since required for filing.
Signature(s):	Date:
	Date:
	FOR OFFICE USE ONLY
Low/Mod Income Benefit	
City of Trave Aggregati	Date:
City of Troy Approval	

Owner Name:			Address:			
				Da	te:	
Have you received other city, federal, or state funds	to rehabil	itate or purcha	se this home?	Yes	No	
Name of program :		ount funded: ount funded:		Date: Date:		
Household Characteristics:		ner unit persons	Renter unit #1 # of persons	Renter unit #2 # of persons	Renter unit #3 # of persons	
Is the housing unit vacant? (Enter: Yes, No, N/A)						
Household Size (Enter: number of persons)						
Female Head of Household? (Enter: Yes, No)						
11 White 12 Black/African American 13 Asian 14 American Indian/Alaskan Native 15 Native Hawaiian/Other Pacific Islander 16 American Indian/Alaskan Native & White 17 Asian & White 18 Black/African American & White 19 Amer. Indian/Alaskan Native & Black/African Amer. 20 Other multi-racial  Household Type (Select only one type for each unit) 1 Single, non-elderly 2 Elderly (at least 62 years of age) 3 Single parent (with a dependent child, <18) 4 Two parents (with a dependent child, <18) 5 Other				This section to b the renter on sep		
Household Income (Based on the chart below) <30% of median family income <50% of median family income <80% of median family income Non-low-moderate income						
% of Median Household Income Chart 2006			Income Limits			
(Number of persons in the househ	old)	1 Person	2 Person	3 Person	4 Person	5 Person
30% of Median Inco		13900 23150	15900 26500	17850 29800	19850 33100	21450 35750

Are you presently employed by the City of Troy?	Yes / No
Are you a former employee?	Yes / No

80% of Median Income

42350

47650

52950

37050

57200

Renter Name:		Address:			Apt.#
			Da	te:	
Household Characteristics:	Owner unit # of persons	Renter unit #1 # of persons	Renter unit #2 # of persons	Renter unit #3 # of persons	
s the housing unit vacant? (Enter: Yes, No, N/A)					
Household Size (Enter: number of persons)					
Female Head of Household? (Enter: Yes, No)					
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<ul><li>&lt;50% of median family income</li><li>&lt;50% of median family income</li><li>&lt;80% of median family income</li><li>Non-low-moderate income</li></ul>					

	Income Limits			
1 Person	2 Person	3 Person	4 Person	5 Person
13900	15900	17850	19850	21450
23150	26500	29800	33100	35750
37050	42350	47650	52950	57200
	13900 23150	1 Person 2 Person 13900 15900 23150 26500	1 Person 2 Person 3 Person 13900 15900 17850 23150 26500 29800	1 Person 2 Person 3 Person 4 Person 13900 15900 17850 19850 23150 26500 29800 33100

Are you presently employed by the City of Troy?

Yes / No

Are you a former employee?

Yes / No

Renter Name:		Address:			Apt.#
Household Characteristics:	Owner unit # of persons	Renter unit #1 # of persons	Renter unit #2 # of persons	Renter unit #3 # of persons	
Is the housing unit vacant? (Enter: Yes, No, N/A)					
Household Size (Enter: number of persons)					
Female Head of Household? (Enter: Yes, No)					
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% of Median Household Income Chart 2006		Income Limits			
(Number of persons in the household)	1 Person	2 Person	3 Person	4 Person	5 Person
30% of Median Income 50% of Median Income 80% of Median Income	23150	15900 26500 42350	17850 29800 47650	19850 33100 52950	21450 35750 57200

Are you presently employed by the City of Troy?

Yes / No

Are you a former employee?

Yes / No

## Homeowner Self Help Exterior Paint Program Estimate Calculation Form

Name(s):	 Date:	
Address:		

Paint / Primer Estimate Location (i.e. side, front, porch, etc.)	Area(sf)	300 sf / gal 300 sf / gal	# of gallons	OFFICE USE Price / gallon* (see below)	OFFICE USE Cost
TOTAL PAINT					
Supplies Brushes Latex Caulk Paint Thinner Plastic Drop Cloths	Quantity	Price			Cost
TOTAL SUPPLIES					\$
TOTAL PROGRAM					

\*Paint Pricing Guide (approximate):

<u>LATEX PAINT</u>	OIL BASE PAINT
\$ / gallon white or standard color	\$ / gallon white or standard color
\$ / gallon primer	\$ / gallon primer
\$ / gallon custom match colors	\$ / gallon custom match colors

### City of Troy, New York

#### Assessor Verification Form

I hereby grant the Assessor's Office permission to photocopy the income information I provided with my application for a Senior Citizen Real Property Exemption and/or Senior STAR. This information is to be used by the coordinator of the Paint Program in determining the status of my eligibility as a participant in the program. Name of Owner Property Address \_\_\_\_\_ Home Telephone Number Signature of Homeowner \_\_\_\_\_\_Date \_\_\_\_\_ For Assessor's office use: This information was given to: Department

Date

Signature

# FOR OFFICE USE ONLY Paint Program Review

Participant Number Ward / Plate Number								
Application Reviewed By:					Date:			
Program Applica	ınt:							
Property Locatio	n:							
	Com	plete	Inco	mplete	Additional Information	Remarks	s / Comments	
Application								
Income								
Verified								
SOW								
Estimate								
Owner								
Lead Notice								
Tenant								
Information								
Tenant								
Lead Notice								
Taxes Paid								
Photographs								
(before)								
Staff site visit								
Application App Reason if Not Ap Amount Approve	oprove		Yes _	No		Date:		
		Da	ite	]	Remarks / Com	ments	Additional	
Initial Voucher								
Additional Vouc	her							
Additional Vouc	her							
Photographs (aft								
Project Complete								
· 1								
	-							